

EQUIPMENT MOVEMENT REQUEST

DATE OF REQUEST _____

DISPOSAL INSTRUCTIONS

REQUIRED COMPLETION DATE _____

<input type="checkbox"/> OFFICE MACHINE - T87	REQUESTOR	TEL. EXTENSION
<input type="checkbox"/> INSTRUMENT REPAIR - T129	NAME	I.D. #
<input type="checkbox"/> EXCESS DISPOSAL SECTION - T87	DEPARTMENT	ACCOUNT NUMBER
<input type="checkbox"/> SCRAP YARD	ADDITIONAL PERSON TO CONTACT	TEL. EXTENSION
<input type="checkbox"/> WAREHOUSE SECTION - T100/209 (MUST BE ACCOMPANIED BY APPROVED STORAGE REQUEST)	DOES THIS WORK INVOLVE EXPOSURE TO ANY RADIATION OR UNUSUAL HAZARDS TO THE WORKERS?	
<input type="checkbox"/> OTHER (SPECIFY)	GREEN TAG REQUIRED YES NO	HP CONTACTED YES NO

SECTION I

DOES THIS REQUEST INVOLVE TAGGED BNL EQUIPMENT?

YES _____ (COMPLETE SECTION II)

NO _____ (COMPLETE SECTION III)

SECTION II

LIST BELOW THE BNL PROPERTY NUMBERS, THE APPROPRIATE CONDITION CODE FOR EACH ITEM AND SURRENDER PROPERTY CARDS WITH EQUIPMENT.

CONDITION 1) USEABLE AS IS

CONDITION 2) NEEDS REPAIRS TO FUNCTION

CONDITION 3) INOPERABLE

SECTION III

DESCRIBE WORK TO BE PERFORMED.

DRIVER SIGNATURE	APPROVED: PROPERTY REPRESENTATIVE APPROVAL REQUIRED FOR CAPITAL EQUIPMENT: DATE:
	AUTHORIZED SIGNATURE FOR RECEIPT OF EQUIPMENT DATE:

FOR SUPPLIER OF SERVICE ONLY

ASSIGNED TO	DATE	DATE COMPLETED	BY
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